				NORTH CAROLINA		PAGE:	1	
RUN DATE:	08/16/2004			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 08/17/2004				
		_	- Cil	FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	1829	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	336	CLAIM DENIED DUE TO INSUFFICIE	21	2404	2529	125
				NT BUDGET				
		143	69	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		U	U		C	0	0	0
3404904	WESTERN HIGHLAN	8517	3173	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
	DS LME			THROUGH APRIL DOS MUST BE SUBM				
-		21	366	DUPLICATE OF CLAIM-SYSTEM				
		21	300	DOPLICATE OF CLAIM-SISTEM	16	3973	4148	175
		8505	188	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404905	TREND COMM MENT	8525	1243	CLAIM DENIED, REFERRING PROVID				
	AL HLTH CTR			ER MUST BE AN LMA.				
		143	22	CLIENT ID NUMBER NOT ON STATE	C	1283	1283	0
				ELIGIBILITY FILE				
		120	11	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404907		0	0	*** NO DATA TO REPORT ***				
3404307	RUTHERFORD-POLK		0	NO DATA TO REPORT				
		0	0			0	0	0
							-	_
3404910	PATHWAYS	8517	3264	CLAIMS DENIED, SUBMITTED BEYON				
	PAIRWAIS			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	555	DETAIL NOT COVERED BY COMBINAT	150	4869	19003	14134
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	324	DIAGNOSIS CODE MISSING OR INVA				
		1		LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404912	CATAWBA COUNTYM	8931	118	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	ENTAL HEALT	+		* **				
		27	60	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE	142	243	1018	775
				CORRECT DIAGNOSIS CODE AND SUB				
		8599	16	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND				
			I	BENEFIT PACKAGE.				
								0
3404913	MECKLENBURG COM	8599	214	DETAIL NOT COVERED BY COMBINAT				
3404913	MECKLENBURG COM ENTAL HEALT	8599	214	ION OF RECIPIENT, PROVIDER AND				
3404913		8599	214	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913		8599 8517	214	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON	93	580	1273	693
3404913				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	93	\$ 580	1273	693
3404913		8517	174	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	93	580	1273	693
3404913				ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	93	580	1273	693

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	7449	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	1535	DUPLICATE OF CLAIM-SYSTEM	27	9805	12854	3049
	+							
	_							
		8000	451	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404917	CENTERPOINT HUM	8505	695	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
	_							
	+	8599	388	DETAIL NOT COVERED BY COMBINAT	271	1582	2853	1271
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	_	8931	213	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRS.				
	+							
3404918	ROCKINGHAM CO M	8599	416	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND		1		
				BENEFIT PACKAGE.				
		con.	0.01					
		537	291	PROCEDURE IS NOT COVERED FOR T	137	1174	3076	1902
	+			HIS DATE OF SERVICE		 		
	+	+						
	+	8329	148	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404919	GUILFORD CO MEN	21	2431	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
		8505	1165	CLAIM DENIED DUE TO INSUFFICIE	470	5648	11311	5663
				NT BUDGET	470	3040	11311	5005
		8599	496	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACKAGE.				
3404920	ALAMANCE CASWEL	8517	336	CLAIMS DENIED, SUBMITTED BEYON				
	L AREA MH D			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8952	7	CLAIM DENIED DUE TO AGE RESTRI	0	356	449	93
				CTIONS FOR TARGET POPULATION				
		8599	6	DETAIL NOT COVERED BY COMBINAT				
			-	ION OF RECIPIENT, PROVIDER AND				
	+			BENEFIT PACKAGE.				
	<u> </u>		<u> </u>					
3404921	ORANGE PERSON C	21	184	DUPLICATE OF CLAIM-SYSTEM				
	HATHAM AREA							
	+	1	1			1		
	+	8329	56	CLAIM DENIED ATTENDING PROVIDE		250	1000	1017
	+	1		R CANNOT BE THE SAME AS	14	358	1375	1017
	+			THE LMA				
	<u> </u>	<u> </u>						
		8505	48	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404922	mun punuan anna	0	0	*** NO DATA TO REPORT ***		-		
- 10 10 1	THE DURHAM CENT ER	f	-	Dilli 10 Illioni		 		
	1							
		0	0		0	0	0	0
2404002		0500	424	DEBAYL NOR COURDED				
3404923	VGFW AREA AUTHO	8599	434	DETAIL NOT COVERED BY COMBINAT				
3404923	VGFW AREA AUTHO	8599	434	ION OF RECIPIENT, PROVIDER AND				
3404923		8599	434					
3404923		8599 8505	434	ION OF RECIPIENT, PROVIDER AND	-	606	5255	4749
3404923				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	606	5355	4749
3404923				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	5	606	5355	4749
3404923		8505	131	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	5	606	5355	4749
3404923				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE	5	606	5355	4749
3404923		8505	131	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	5	606	5355	4749

						1	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8599	291	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	90	ASTNC INELIGIBLE TO RECEIVE SE	96	481	927	446
				RVICES IN IPRS.				
		500	2.0					
		537	30	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
				nio bale of Service				
3404926	SOUTHEASTERN RE	8599	928	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
	O MARKETTE TIE			BENEFIT PACKAGE.				
		11	97	CLIENT NOT ELIGIBLE ON SERVICE	92	1266	3541	2275
				DATE				
		23	76	SERVICE REQUIRES PRIOR APPROVA				
				L				
			1					
3404927	CUMBERLAND CO M	8599	477	DETAIL NOT COVERED BY COMBINAT				
	HC		1	ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
		11	174	CITEMS NOT DISCIDLE ON ORDEROR				
		11	174	CLIENT NOT ELIGIBLE ON SERVICE	2	831	7001	6170
			1	DATE		-		
		8517	68	CLAIMS DENIED, SUBMITTED BEYON				
		0317	00	D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		C	0	0	0
3404930	JOHNSTON COUNTY	8505	311	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		8599	30	DETAIL NOT COVERED BY COMBINAT	10	352	444	92
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	MAKE CO HIM CITE	8505	597	CLAIM DENIED DUE TO INSUFFICIE	+	 		
	WAKE CO HUM SVC		1	NT BUDGET	1	+		-
	BILLING OF	+	1	<u> </u>	1	1		1
	+	+	1	+	1	1		1
	+	8517	400	CLAIMS DENIED, SUBMITTED BEYON	44	1121	3106	1985
				D FILING TIMELIMIT. JULY		1111	3100	2,00
				THROUGH APRIL DOS MUST BE SUBM				
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	<u> </u>							
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		U	U		C	0	0	0
			1					
							i e	
2404022		0500	5.4	DEEXTI MOT COVERED BY COMPTEND				
3404933	SOUTHEASTERN CT	8599	54	DETAIL NOT COVERED BY COMBINAT				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	54	ION OF RECIPIENT, PROVIDER AND				
3404933		8599	54					
3404933				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933		8599	54	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P	16	98	1040	942
3404933				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	16	98	1040	942
3404933				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P	16	98	1040	942
3404933		8000		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	16	98	1040	942
3404933			15	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE	16	98	1040	942
3404933		8000	15	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	16	98	1040	942

PROHITE	<u> </u>	HTOH DRAFT	WINDER OF			<u> </u>	TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8329	170	CLAIM DENIED ATTENDING PROVIDE				
	EHAVIORAL H			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	133	DETAIL NOT COVERED BY COMBINAT	5	431	1027	593
	+	+		ION OF RECIPIENT, PROVIDER AND	3	431	1027	35.
				BENEFIT PACKAGE.				
		0505	er.					
		8505	65	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		+						
	1							
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR	+						
	+	+						
	+	0	0		0	. 0	0	0
2404026		21	110	DUDY TOATTO OF GLATH OVOTTON				
3404936	WILSON-GREENE M ENTAL HEALT	21	112	DUPLICATE OF CLAIM-SYSTEM				
	ENIAL REALI	+						
		1						
		8517	36	CLAIMS DENIED, SUBMITTED BEYON	48	271	3377	3106
	+	+	 	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM		 		
	+	+	 					
	<u> </u>	8931	34	AMTNC INELIGIBLE TO RECEIVE SE				
-		1		RVICES IN IPRS.				
3404937	EDGECOMBE NASH	8517	210	CLAIMS DENIED, SUBMITTED BEYON		 		
	EDGECOMBE NASH MNTL HLTH C	+	+	D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		25.00	4.0					
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	9	308	2642	2334
	+	+		BENEFIT PACKAGE.		-		
	+	+						
		21	21	DUPLICATE OF CLAIM-SYSTEM				
	+	+						
3404938	VGFW DBA RIVERS	8599	1834	DETAIL NOT COVERED BY COMBINAT				
	TONE COUNSE	+		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+	8329	249	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	35	2278	4638	2360
	+	+		THE LMA				
	1							
		8000	82	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404939	NEUSE MENTAL HE	8329	1386	CLAIM DENIED ATTENDING PROVIDE				
	ALTH CENTER			R CANNOT BE THE SAME AS				
				THE LMA				
	+	8505	371	CLAIM DENIED DUE TO INSUFFICIE		2011	5793	226
	+	+		NT BUDGET	13	2011	5/93	3782
	1	+						
	+	8599	76	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND			 	
	+	+	 	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+	+	 					
3404941	PITT CO MH/DD/S	8517	984	CLAIMS DENIED, SUBMITTED BEYON				
	AS CENTER	4		D FILING TIMELIMIT. JULY				
	+	+	 	THROUGH APRIL DOS MUST BE SUBM		 		
	+	8599	106	DETAIL NOT COVERED BY COMBINAT	16	1350	2397	1047
	†	1		ION OF RECIPIENT, PROVIDER AND	16	1330	2397	1047
				BENEFIT PACKAGE.				
		24	65	DECCEDIBLE CODE DECCEDIBLE/WODI		 		
	+	24	65	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE		 		
	+	+	 	CODE/TYPE OF SERVICE COMBINATI		 		
	1	+						
3404942	ROANOKE CHOWANH	8505	111	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET		<u> </u>		
	+	+				 		
		8599	9	DETAIL NOT COVERED BY COMBINAT	17	143	641	498
	+	0333			1	143	541	
		0399		ION OF RECIPIENT, PROVIDER AND				
		0233		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8931	8	BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				
			8	BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8329	533	CLAIM DENIED ATTENDING PROVIDE				
	L HEALTH CE			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	0.05					
		8599	205	DETAIL NOT COVERED BY COMBINAT	3	903	2131	1228
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	41	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	8599	377	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		0.001						
		8621	60	60 RESIDENTIAL LEVEL III TREAT	5.	661	4386	3725
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		500	4.4	DROGEDURA TO NOT COVERED TO				
		537	4.4	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404946		8517	152	CLAIMS DENIED, SUBMITTED BEYON				
3404946	FOOTHILLS AREAM	0317	132	D FILING TIMELIMIT. JULY				
	ENTAL HEALT							
				THROUGH APRIL DOS MUST BE SUBM				
		8599	90	DETAIL NOT COVERED BY COMBINAT				
		0399	90	ION OF RECIPIENT, PROVIDER AND		246	256	10
				· ·				
				BENEFIT PACKAGE.				
		0544	2	CLAIM DENIED DUE TO INVALID FR				
		8544	Z					
				OM DATE OF SERVICE				
3404957		8517	2267	CLAIMS DENIED, SUBMITTED BEYON				
3404937	TIDELAND MENTAL	0317	2201					
	HEALTH CTR			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8505	61	CLAIM DENIED DUE TO INSUFFICIE				
		6303	0.1	NT BUDGET	1	2345	2365	20
				NI BODGEI				
	+	8932	10	CMTNC INELIGIBLE TO RECEIVE SE			 	
	+			RVICES IN IPRS.			 	
	+		+				 	
	+		+			1	 	
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***			 	
						1	 	
	TAL HLTH CT						 	
	+		+			1	 	
	+	0	0			0	0	
	+				'			
	1					1	 	
3404979	NEW RIVER AREAM	8599	816	DETAIL NOT COVERED BY COMBINAT		1	 	
	H/DD/SA PRO		+	ION OF RECIPIENT, PROVIDER AND		1	 	
	, DD/ SR FRO		+	BENEFIT PACKAGE.		1	 	
	+					1	 	
	+	8931	176	AMTNC INELIGIBLE TO RECEIVE SE	20:	1206	6812	5606
	+			RVICES IN IPRS.	20.	1200	6012	2000
	+		+	**			<u> </u>	
		1	1			1	1	1